

APPLICATION FOR BUILDING PERM

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

WORKERS' COMPENSATION DECLARATION

I declare that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy of a certificate of consent to self insure, (Sec. 3800, Lab. C.)

Company _____

Copy is hereby furnished.

Copy is filed with the county building inspection

Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

This certificate shall not be completed if the permit is for one hundred or more employees (Sec. 3800, Lab. C.)

I declare that the performance of the work for which this permit is issued will not employ any person in any manner so as to be subject to the Workers' Compensation Laws.

Applicant _____

APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith notify the County Building Department. This permit shall be deemed revoked.

CONTRACTORS DECLARATION

I declare that I am licensed under provisions of Chapter 9 (Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Lic. Class _____

Date _____

Under Sec. _____

This reason _____

Date _____

I declare that I am the owner of the property, or my employees with wages as compensation, will do the work and the structure is to be used or offered for sale (Section 7044, Business and Professions Code.)

I declare that I am exclusively contracting with contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I declare that there is a construction lending agency for the project (Section 7044, Business and Professions Code.)

Name _____

Address _____

I have read this application and state that the above information is correct. I agree to comply with all county and State laws relating to building construction, and to authorize representatives of this County to enter upon the property for inspection purposes.

Signature _____ Date 6-11-98

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS 1119 S. Mc Bride Ave			
CITY Los Angeles	ZIP 90032		
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT		
TRACT 5114	BLOCK	LOT NO. 14	
ASSESSOR MAP BOOK 63	PAGE 45-46	PARCEL	
OWNER Jose, Catalina Landers	TEL. NO. 261-4633		
ADDRESS 1119 S. Mc Bride Ave			
CITY Los Angeles	ZIP 90032		
ARCHITECT OR ENGINEER		TEL. NO.	
ADDRESS			
CONTRACTOR COUNT		TEL. NO.	
ADDRESS		LIC. NO.	
CITY		LIC. CLASS	
SQ. FT. SIZE	NO. OF STORES	NO. OF FAMILIES	
DESCRIPTION OF WORK Change from single to double		NEW <input type="checkbox"/>	
USE OF EXISTING BLDG.		ADD <input type="checkbox"/>	
APPLICANT (PRINT)		ALTER <input checked="" type="checkbox"/>	
ADDRESS		REPAIR <input type="checkbox"/>	
TEL. NO.		DEMOL <input type="checkbox"/>	
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?		URM <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.	
YES <input type="checkbox"/> NO <input type="checkbox"/>		I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2 20 SECTIONS 2 20.100 THROUGH 2 20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.	
OWNER OR AGENT			
P.C. FEE	PERMIT FEE 61.50		
INVESTIGATION FEE	ISSUANCE FEE 13.00		
	TOTAL FEE 74.50		

BUILDING ADDRESS 1119 S. Mc Bride Ave			
LOCALITY D.C.			
NEAREST CROSS ST.			
USE ZONE	MAP NO. 3276		
SPECIAL CONDITIONS			
WITHIN 1000 FT. OF SCHOOL?			YES
DISTRICT 600	GROUP RES	TYPE CONST. IND	FIRE ZONE 1
STATISTICAL CLASSIFICATION CLASS NO. 21 DWELL UNITS			APT
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE
FRONT P.L.			
SIDE P.L.			
SEWER MAP BK PG			
VALUATION \$ 5,000			
\$			
LDMA P/C #			
LDMA Perm #			
FINAL DATE 9/1/98			
FINAL BY [Signature]			
75.00			
74.50			
7.50			

SEE REVERSE FOR EXPLANATORY LANGUAGE

Abstract

INSPECTOR'S NOTES

3:45 4:15 4:45 5:15

1244 2497

Name _____ Date _____

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Date Received
is Approved

8/29/90

Reformatting OK
C. B. 15

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Inspector's Signature: _____